

**MINUTES OF WORKERS' COMPENSATION MEDICAL FEE ADVISORY BOARD  
IWCC, ORAL ARGUMENT ROOM, 100 W. RANDOLPH ST #8-200, CHICAGO  
HELD ON NOVEMBER 17, 2010**

Present at the meeting:

Chairman Mitch Weisz  
Ms. Maddy Bowling, Maddy Bowling & Associates  
Mr. John Smolk, United Airlines

Attending the meeting via conference call:

Dr. Jesse Butler, Spine Consultants  
Mr. Eric Dean, International Association of Bridge, Structural, Ornamental, and Reinforcing Ironworkers  
Ms. Kimberly Moreland, Rising Medical Solutions  
Dr. Edward Sclamberg, Orthopedic Surgeon

Also attending:

Mr. Glen Boyle, Medical Fee Schedule Project Manager  
Mr. Mark Flannery, Caterpillar Inc.  
Ms. Amy Masters, Secretary of the Commission  
Mr. Bill McAndrew, Illinois Hospital Association  
Mr. David Menchetti, Cullen, Haskins, Nicholson, & Menchetti  
Ms. Susan Piha, Research and Education Manager  
Mr. Darrell Widen, Assistant General Counsel

Chairman Weisz called the meeting to order at 9:05 a.m.

The meeting notice and agenda and August 24, 2010 minutes were distributed to the board.

Upon motion duly made by Ms. Maddy Bowling, seconded by Mr. John Smolk, and unanimously carried, the minutes of the Medical Fee Advisory board meeting held on August 24, 2010, were approved.

Chairman Weisz discussed the importance of transitioning Current Procedural Terminology (CPT) codes for the medical fee schedule, in order to reduce the number of codes that are paid at 76% of charge (POC76), and asked Mr. Glen Boyle to discuss his analysis with the board.

Mr. Glen Boyle explained the annual change in the CPT coding manual and its impact on the fee schedule. Mr. Boyle identified 535 CPT codes focusing on services and treatments used regularly within the workers' compensation fee schedule. They include both new procedures and old procedures that have been renamed.

Due to increasing number of POC76 fees, Mr. Boyle suggested using specific methodology to create a conversion factor at 90% of the 80<sup>th</sup> percentile and apply this factor in conjunction with an agreed upon Relative Value Unit (RVU) resource. In 202 codes, Mr. Boyle would apply American Medical Association (AMA) mapping and other resources to apply an old value from an old code using published AMA crosswalks and assign that value to a new code. The remaining 333 codes would reflect new procedures unrelated to old codes, and these would use the conversion factor and RVU methodology.

Additional alternatives were discussed by the board, including exploration of the relative value system, letting two or more years pass on a new code to develop historical data, tapping into Department of Insurance databases to develop historical charges, and initiation of a data call from workers' compensation insurers. The board also discussed the applicability of the AMA crosswalk guide in Illinois.

Chairman Weisz requested assistance from payer and provider communities in regard to identifying codes used most frequently in workers' compensation.

It was determined the update would be implemented annually beginning January 1, 2011.

The board discussed the version of NCCI edits being used, and restrictions in rulemaking process in keeping that version updated.

William McAndrew offered to distribute list of codes to the provider community for understanding and feedback.

Mr. John Smolk made a motion to adopt the methodology put forth by Glen Boyle on the crosswalk and adoption of new CPT codes. Ms. Bowling seconded, and the motion was unanimously approved.

The board next discussed increasing the number of 76 percent of charge (POC76) codes and possibility of Mr. Boyle making a recommendation based on Ingenix's relative value data file or other alternatives including a data call in an effort to reduce this number. The board also discussed ultimate use of this data including identification of abusive providers.

Chairman Weisz requested assistance from payers and providers to identify high frequency POC76 codes in workers' compensation. Mr. Smolk offered to request review codes paid at POC76 within Illinois from United's bill review company. Additionally Mr. McAndrew offered to follow up with hospitals to provide the Commission with an analysis as to whether there's a high frequency of POC76.

The board discussed restrictiveness of NCCI edits and how the edits are defined, in addition to current rules in place regarding use of NCCI edits.

With no further business and motion made, the meeting adjourned at 10:35 a. m.